

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593164

FILING DATE

9-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		1				
7		0				
8		0				
9		0				
10		1				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		1				
20		0				
21		0				
22		0				
23		1				
24		0				
25		0				
26		1				
27		0				
28		1				
29		0				
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31		0				
32		1				
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						